



National Mental Health Conference 2008 ADVERTISEMENT SPECIFICATIONS



email: unlockthemystery@idoc.in.gov • website: www.idoc.in.gov

CONTACT & PAYMENT INFORMATION

Mail contract and payment to:

**Indiana Corrections
Conference Company**
c/o Katie Knutson
Indiana Department
of Correction
302 W. Washington St.
Room E-334
Indianapolis, IN 46204
(317) 232.2249 office
(317) 233.1474 fax

For details or to reserve a
Meal/Event Sponsorship:

Katie Knutson
(317) 232.2249
kknutson@idoc.in.gov

Please make check payable to:

**Indiana Corrections
Conference Company**

**Cancellations must be in
writing and are not acceptable
after the advertising deadline.**

<input type="checkbox"/>	Back Cover Full Page • Page layout size: 5.5"w x 8.5"h; color: full color	\$1,800.00
<input type="checkbox"/>	Front Cover Inside Full Page • Page layout size: 5.5"w x 8.5"h; color: full color	\$1,700.00
<input type="checkbox"/>	Back Cover Inside Full Page • Page layout size: 5.5"w x 8.5"h; color: full color	\$1,700.00
<input type="checkbox"/>	Inside Full Page • Page layout size: 5.5"w x 8.5"h; black/white screen	\$1,500.00
<input type="checkbox"/>	Inside 1/2 Page • Page layout size: 5.5"w x 4.24"h; black/white screen	\$750.00
<input type="checkbox"/>	Inside 1/4 Page • Page layout size: 2.75"w x 4.24"h; black/white screen	\$375.00

COLOR OPTIONS: 1-color (PANTONE Black with screens),
or 2-color (PMS 305 Aqua, PANTONE Black with screens)

BLEEDS: If your artwork has bleeds, please include a 1/4" bleed outside of the
actual size of the ad.

ARTWORK: MAC or PC compatible files (Illustrator, Photoshop, InDesign)
and that all artwork be sent in electronic format and be accompanied by an
appropriate hard copy proof.

If artwork is created in any other format then mentioned above, please send the
file in a PDF format (Acrobat file).

Please mail camera-ready and/or CD of artwork to Katie Knutson.

Deadline for Ad Copy is Friday, May 23, 2008

NMHC reserves the right to review and reject any advertisement.

PLEASE PRINT

Name of Company _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website _____ E-mail _____

Authorized Signature _____